

Follow-up to questions from March LOC meeting

1. What are the residency requirements to be eligible to receive Medicaid services?

Medicaid requires states to limit services to residents of the State. However, federal law does not allow residency to be restricted to a specific number of days, e.g. a person must be a resident of the State for 30 days. A person is deemed to be a resident of the State if the person lives in the State with the intent to remain. The 2005 the budget bill included legislation addressed at what constitutes evidence of the intent to remain. An applicant must present at least two of the following documents:

- (1) A valid North Carolina drivers license or other identification card issued by the North Carolina Division of Motor Vehicles.
- (2) A current North Carolina rent or mortgage payment receipt, or current utility bill in the name of the applicant or the applicant's legal spouse showing a North Carolina address.
- (3) A valid North Carolina motor vehicle registration in the applicant's name and showing the applicant's current address.
- (4) A document showing that the applicant is employed in this State.
- (5) One or more documents proving that the applicant's domicile in the applicant's prior state of domicile has ended, such as closing of a bank account, termination of employment, or sale of a home.
- (6) The tax records of the applicant or the applicant's legal spouse, showing a current North Carolina address.
- (7) A document showing that the applicant has registered with a public or private employment service in this State.
- (8) A document showing that the applicant has enrolled the applicant's children in a public or private school or child care facility located in this State.
- (9) A document showing that the applicant is receiving public assistance or other services requiring proof of domicile, other than medical assistance, in this State.
- (10) Records from a health department or other health care provider located in this State showing the applicant's current North Carolina address.
- (11) A written declaration made under penalty of perjury from a person who has a social, family, or economic relationship with the applicant and who has personal knowledge of the applicant's intent to live in North Carolina permanently or for an indefinite period of time or that the applicant is residing in North Carolina to seek employment or with a job commitment.

- (12) Current North Carolina voter registration card.
- (13) A document from the U.S. Department of Veterans Affairs, U.S. Military, or the U.S. Department of Homeland Security verifying the applicant's intent to live in North Carolina permanently or for an indefinite period of time or that the applicant is residing in North Carolina to seek employment or with a job commitment.
- (14) Official North Carolina school records, signed by school officials, or diplomas issued by North Carolina schools, including secondary schools, community colleges, colleges, and universities verifying the applicant's intent to live in North Carolina permanently or for an indefinite period of time or that the applicant is residing in North Carolina to seek employment or with a job commitment.
- (15) A document issued by the Mexican consular or other foreign consulate verifying the applicant's intent to live in North Carolina permanently or for an indefinite period of time or that the applicant is residing in North Carolina to seek employment or with a job commitment.

If the person is an illegal immigrant h or she e is not eligible for Medicaid regardless of residency. However, the person is eligible to be covered by Medicaid for emergency health care.

2. Do other states use "target populations" or something similar?

Yes. It is very common for states to focus publicly funded services to certain populations that have the highest level of disability. LOC staff is working on putting together information that reviews a sampling of different states. This will be provided to the LOC at a later date.

3. How many individuals who are not within the Target Populations seek services from the public system?

The Division is collecting this data and it will be provided to the LOC at a later date.

4. How much does each county contribute to its LMEs for mh/dd/sa services?

See Attachement #1

5. What is the projected reduction in funding to LMEs as a result of all Medicaid UR being handled by ValueOptions?

\$13,333,481.

Note: There will be an **additional reduction of \$12,156,042** in recognition of the fact that providers will all bill Medicaid directly now, rather than bill through LMEs. That reduces the need for as many claims payment clerks at the LME level.

6. What is the reduction in funding to LMEs as a result of after-hours STR being "regionalized"?

The reduction for the **total** system associated with STR is \$12,327,005. This is in part because of an error in the formula in the cost model. The error essentially doubled the number of individuals needed. Of the \$12M, roughly 40% is due to the correction.

7. Which LMEs will be doing regional/after-hours STR and for which LMEs?

See Attachment #2